

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/544 250

FILING DATE

8-2-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		3		3		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
13		2		2		
14		1		1		
15		1		1		
16		2		2		
17		2		2		
18		2		2		
19		1		1		
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						